



249 Danbury Road, Wilton, CT 06897  
 400 Columbus Ave, Valhalla, NY 10595

(golimumab)

# SIMPONI ARIA infusion orders

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone \_\_\_\_\_

M

F

**DIAGNOSIS** *Please provide ICD-10 code*

Rheumatoid Arthritis

Active Psoriatic Arthritis (PSA)

*(other)*

Active Ankylosing Spondylitis (AS)

**PRE-MEDICATION**

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

**SIMPONI ARIA ORDERS**

<b>DOSAGE</b>	<b>PATIENT WEIGHT</b>
2 mg/kg <i>(weight-based)</i>	lbs.
mg <i>(flat dose)</i>	kg
<b>FREQUENCY</b>	<b>HEIGHT</b>
every 0, 4, and every 8 weeks <i>(induction)</i>	ft
every _____ weeks	in

**NOTES**

**ORDERING PROVIDER**

Signature         X         \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_